

APPLICATION FOR EMPLOYMENT with METROPOLITAN TRANSIT SYSTEM
 and its Operating Divisions MTS (Bus) AKA San Diego Transit Corporation
 and MTS (Rail) AKA San Diego Trolley, Inc.
 Equal Opportunity Employer



All employment decisions are made without regard to race, sex, religion, national origin, disability, or any other legally protected status. Reasonable accommodations are available to disabled applicants upon request.

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS

This is a confidential employment application. Please answer all questions as completely and accurately as possible. **If a question does not apply, put N/A (Not Applicable) in place of the answer.** Failure to complete this form completely and legibly and to attach all required documentation (i.e., DMV H-6) may result in disqualification from consideration for employment.

Today's Date: _____

Date available to start: _____

PLEASE PRINT

NAME			SOCIAL SECURITY NUMBER	
Last	First	Middle		
Present Address			Phone:	
Street			City	State
			Zip	Cell:
E-Mail Address			Message Phone:	

Personal Information

Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, you will be required to submit a work permit or proof of graduation from high school or equivalent, if hired.
If hired, can you provide proof that you are a citizen or national of the United States of America, a lawful permanent resident or an alien authorized to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of employment authorization status will be required if you are hired.)
Have you worked for MTS or one of its Operating Divisions before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please state the date you left and the reason for leaving:
Our policy prohibits employment of immediate family members (including parents, children, siblings, spouse or registered domestic partner) of employees and board members under certain conditions. Does the agency you are applying for a position with employ any of your immediate family members? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please give names:

Position(s) Applying for:

Are you applying for: <input type="checkbox"/> Full – time <input type="checkbox"/> Part – time
If required, are you willing to work overtime and on shifts which include nights, weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your qualifications for this work and any special skills or experiences you possess that will be of special benefit in the job for which you are applying.

Metropolitan Transit System
 1255 Imperial Avenue, Suite 1000
 San Diego CA 92101-7490

Certification

Please read carefully Before Signing Below:

I certify that the information given by me in this employment application is true and correct and contains no material omissions of any kind. I understand that any false statements or material omissions of fact made by me in this employment application or the interview process may disqualify me from consideration for employment or, if hired, result in my termination. I release Metropolitan Transit System, acting on its own behalf or on behalf of its Operating Divisions (collectively the "Agency"), its employees and agents from any and all liability for failing to hire me or terminating my employment due to such false information or material omissions.

In exchange for my being considered for employment by the Agency, I authorize the companies, schools, or persons named above to give the Agency or its designated representative(s) any information regarding my employment or educational background, together with any information they may have regarding my qualifications for the job for which I am applying, whether or not it is in their records. I hereby release the Agency, its designated representative(s) and said companies, schools, or persons and all of their employees and agents from any and all liability resulting from the use or disclosure of this information.

I understand that, due to the nature of the Agency's business, employees in certain job classifications may be required to work overtime and/ or shifts, including nights, Saturdays, Sundays, and holidays. I understand and agree to abide by these requirements if I accept an offer of employment from the Agency for such a position. In addition, if hired, I agree to comply with all company rules and policies.

I understand that before I can begin employment with the Agency, I must pass a pre-employment physical examination, which includes a drug screening test. I understand that as a condition of being considered for employment I must consent to such examination and to the release of the results of the examination to the Agency. I understand that any offer of employment with the Agency is contingent upon passing this examination and that if I fail the examination for any reason the offer of employment will be withdrawn. By signing below I agree to these conditions and the required physical examination.

For Applicants for Non-Union positions:

I UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT RELATIONSHIP WITH THE AGENCY WILL NOT BE FOR A SPECIFIED TERM AND MAY BE TERMINATED BY THE AGENCY OR ME AT ANY TIME, WITH OR WITHOUT CAUSE. In addition, if I am hired the Agency will have the right to impose discipline or alter my position, compensation, or benefits at any time, at its discretion. I understand and agree that no representative of the Agency may enter into any agreement contrary to the foregoing unless it is done by way of specific, written agreement signed by the Chief Executive Officer.

Signed: _____ Date: _____

Print Name: _____

For Human Resources Use Only

Classification: _____ Rate: _____ Section: _____ Effective: _____

If driving is a requirement of the job for which you are applying: Do you have a valid driver's license? Yes No

Expiration Date: _____ License No. _____ Class: _____ State: _____

Has your license ever been revoked or suspended?: Yes No

Number of moving violations during the past 5 years _____ Number of traffic accidents during the past 5 years _____

Attach a current (no older than 90 days) copy of Department of Motor Vehicles (i.e., **H-6**) printout of your driving record. Record must have DMV official seal. **Record Attached?** Yes No

Have you ever been convicted of, or pled guilty or no contest to, a felony? (Exclude convictions that have been expunged by the court and offenses for which you were referred to and participated in a pre or post-trial diversion program.) Yes No

If yes, what was the offense? _____

Date of conviction: _____ Place of conviction: _____

A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as the time passed since the offense, type of offense, and relevance to the job for which you are applying, seriousness, and nature of the offense will be taken into account.

How were you referred to MTS or its Operating Divisions?

Advertisement _____ Name _____ Employee _____ Name _____ Other: _____ Describe _____

Education

Circle the number which accurately reflects the highest level of education you have fully completed:

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Provide details of your education and training below:

Name and Address of School	Course of Study	Years Completed	Degrees or Certificates Earned	Graduated? Yes/No
High School				
Jr. College				
College / University				
Technical or Vocational School				

Military Service		
U.S. Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Training:	Type of Discharge: A discharge other than Honorable is not an automatic bar to employment – all circumstances will be considered.
Active Duty From _____ to _____	Top Rank Held	Are you a Member of an Active Reserve Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No

Mechanical Service Worker Positions Only
Have you ever had a job that involved mechanical repair of a diesel vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , what type of vehicle(s)?
Do you have your own tools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , which types?

Clerical Positions				
Indicate your skills, equipment knowledge or education (check as many as apply).				
<input type="checkbox"/> Typing WPM	<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Microsoft Outlook
<input type="checkbox"/> Shorthand WPM	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft PowerPoint	<input type="checkbox"/> Microsoft Publisher	<input type="checkbox"/> Internet Explorer
Others: Please list:			<input type="checkbox"/> Calculator <input type="checkbox"/> By touch <input type="checkbox"/> By sight	

References				
(Please provide the name, address and phone number of two people who would be willing to provide a business reference.)				
Name / Relationship	Address	Phone Number	Business	Years Acquainted
1.				
2.				

DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

The Metropolitan Transit Authority, acting on its own behalf or on behalf of its Operating Divisions (collectively the "Agency"), intends to obtain an investigative consumer report and/or consumer credit report about you for employment purposes, including in connection with your application for employment. An "investigative consumer report" may include information pertaining to your character, general reputation, personal characteristics, or mode of living. A "consumer credit report" includes any information regarding your credit worthiness, credit standing, and credit capacity. The nature and scope of the investigative consumer report the Agency is seeking includes inquiries regarding your educational background; work history; personal financial status and credit history if your job or the job for which you are applying involves handling money or Agency finances; court records, including criminal conviction record, as permitted by law; driving history, if driving is part of your job or the job for which you are applying; and references obtained from professional and personal associates. Upon written request, you may receive additional information as to the nature and scope of the investigative consumer report obtained about you.

If you would like a copy of the investigative consumer report obtained about you, please check the box at the bottom of this form. If the Agency is considering making an adverse employment decision that affects you based on information contained in the report, you will be notified of this before the decision is finalized. The consumer reporting agency ("CRA") that will be providing the Agency with the investigative consumer report and/or consumer credit report is Kristy Investigative Services, Inc., 958 Postal Way, Suite 6-B, Vista CA 92083; 1-800-989-1206. If you are applying for, or employed in, a position for which the Agency will require a credit report, you will receive a free copy of such credit report at the same time the report is provided to the Agency unless you check the box below waiving your right to receive a copy.

You have certain rights to obtain files and information from the CRA during normal business hours and on reasonable notice. Files maintained on you will be available for visual inspection in person or by certified mail, although certain restrictions may apply. The CRA will also provide you with a summary of all information contained in files on you and required to be provided by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you. The CRA will also provide trained personnel to explain to you information furnished to it, as well as a written explanation of any coded information contained in files maintained on you. When viewing your file in person, you may be accompanied by one other person of your choosing, although certain restrictions may apply.

AUTHORIZATION: By my signature below, I authorize the Agency to obtain an investigative consumer report and/or a consumer credit report about me and to consider such reports when making hiring, retention, promotion or other employment decisions that affect me. I further authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to the Agency or the CRA. I further understand and agree that an investigative consumer report and/or consumer credit report may be obtained at any time, and any number of times, as the Agency in its sole discretion determines is necessary before, during or after my employment. I further fully release the Agency, its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background investigation including, but not limited to, investigators, credit agencies, and those companies or individuals who provide information to the Agency or the CRA concerning me, from any claims or actions for any liability whatsoever related to the process or results of the background investigation.

If I am applying for employment, I understand that any offer of employment I may receive is contingent upon the outcome of my background check, and that this Disclosure and Authorization is not an offer for employment by the Agency or a contract for employment with the Agency.

DATED: _____ Applicant **Signature:** _____

Applicant Name **Printed:** _____

- I wish to receive a copy of any investigative consumer report obtained about me by the Agency.
- I waive my right to receive a copy of any consumer credit report obtained about me by the Agency.

SUPPLEMENTAL QUESTIONNAIRE

APPLICANTS APPLYING FOR SAFETY-SENSITIVE POSITIONS

In accordance with Department of Transportation (DOT) drug and alcohol testing requirements in 49 CFR 40.25, the Metropolitan Transit System (“MTS”) and its Operating Divisions are required to ask all applicants (and transferring employees) for DOT covered safety-sensitive positions the following questions:

- 1. Have you ever tested positive on, or refused to take, a drug or alcohol test administered by a DOT regulated employer with whom you applied for, but did not obtain, safety-sensitive transportation employment within the two years prior to your application for employment with MTS or its Operating Divisions?

CIRCLE ONE: YES or NO

- 2. During the two years prior to your application for employment with MTS or its Operating Divisions, did you work for any DOT regulated employers? If you are not sure, answer YES.

CIRCLE ONE: YES or NO

Employee Signature

Employee Name PRINTED

Date

You must do one of the following based on your responses to Questions 1 and 2 above:

- If you answer **NO** to **Question 1**, but you answer **YES** to **Question 2**, you will be required to fill out the Release of Information Form for each DOT covered employer that you worked for during the two year period before your application date.
- If you answer **YES** to either/both **Questions 1 and 2**, you will be required to fill out a Release of Information form for each DOT covered employer that you worked for during the two year period before your application date.

If an applicant refused to provide written consent on the Release of Information Form (if bulleted items 1 or 2 apply), the applicant, if hired, is prohibited from performing safety-sensitive functions at Metropolitan Transit System or its Operating Divisions as required by 49 CFR 40.25 (a).

OPTIONAL INFORMATION

To help Metropolitan Transit System (MTS) and its Operating Divisions to comply with legal recordkeeping requirements, we ask that you provide the following **confidential** information for statistical purposes.

DOING SO IS ENTIRELY VOLUNTARY; failure to provide the data will not affect your application. If you do answer these questions, the information will not be used in the selection process and will be maintained in a confidential file, separate and apart from your employment application.

Date: _____ Position applied for: _____

Race: White (not Hispanic) Hispanic or Latino Black or African-American Asian

Native Hawaiian or other Pacific Islander American Indian Two or more races: _____

Gender: Male Female National Origin: _____